## HAND DELIVERED

## ENDORSEMENT NO.

**SOLID & HAZARDOUS WASTE** 

This endorsement, effective 12:01 A.M. December 1, 2005 Is attached to, forms a part of, and is subject to all of the terms and conditions of, Policy 2000-480 (the Policy) Issued to: Envirocare of Utah, LLC By Quanta Specialty Lines Insurance Company (the Company)

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

Name and Address of Insurer (herein called the "Insurer"):

Quanta Specialty Lines Insurance Company

10 Rockefeller Center, 3<sup>rd</sup> Floor New York, New York 10020

Name and Address of Insured (herein called the "Insured"):

Envirocare of Utah, LLC 605 North 5600 West

Salt Lake City, UT 84116

Facilities Covered: Envirocare of Utah, LLC; Tooele County, UT; Waste Facility ID Number UTD 982598898 Mixed Waste

Face Amount: \$15,900,000

Policy Number: 2000-480

Effective Date: 12-01-2005

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for closure and post-closure care for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 40 CFR 264.143(e), 264.145(e), 265.143 (d), and 265.145(d), as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Executive Secretary of the Board, the Insurer agrees to furnish to the Executive Secretary a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in 40 CFR 264.151 (e) as incorporated by reference in Utah Administrative Code R315-8-8, as such regulations were constituted on the date shown immediately below.

John K. Welter

President, Environmental Division

Signature of witness or notary:

All other terms and conditions of the Policy remain the same.

Authorized Representative

or countersignature (in states where applicable)

Form Number: ESCP 10004 (2/05 Edition)

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